UNITED STATES DISTRICT COURT

for the

District of Massachusetts

| Fanny Wang |) Case No. |
|--|--|
| Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, |) (to be filled in by the Clerk's Office)))) Jury Trial: (check one) Yes No |
| please write "see attached" in the space and attach an additional page with the full list of names.) | ,) |
| -V- |) |
| Federal Reserve Bank of Boston and Sandra Costa |))) |
| Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) |))) |

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| Name | Fanny Wang |
|--------------------|-------------------|
| Street Address | |
| City and County | |
| State and Zip Code | New Jersey |
| Telephone Number | (347) 967-8258 |
| E-mail Address | laofam1@gmail.com |

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

| Defendant No. 1 | |
|---------------------------|------------------------------------|
| Name | Federal Reserve Bank of Boston |
| Job or Title (if known) | |
| Street Address | 600 Atlantic Avenue |
| City and County | Boston (Suffolk County |
| State and Zip Code | Massachusetts 02210 |
| Telephone Number | |
| E-mail Address (if known) | |
| | |
| Defendant No. 2 | |
| Name | Sandra Costa |
| Job or Title (if known) | AVP, Spec Lending Fin & Accounting |
| Street Address | 600 Atlantic Avenue |
| City and County | Boston (Suffolk County) |
| State and Zip Code | Massachusetts 02210 |
| Telephone Number | |
| E-mail Address (if known) | |
| | |
| Defendant No. 3 | |
| Name | |
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |
| | |
| Defendant No. 4 | |
| Name | |
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

| | Fed | leral que | stion Diversity of citizenship | |
|---|------------|-----------|--|------------------------------------|
| Fill o | out the pa | aragraph | as in this section that apply to this case. | |
| A. If the Basis for Jurisdiction Is a Federal | | | for Jurisdiction Is a Federal Question | |
| | | | ific federal statutes, federal treaties, and/or provisions of the this case. | ne United States Constitution that |
| | 28 L | JSC 133 | 1 - FAMILY MEDICAL LEAVE ACT RETALIATION | |
| В. | If the | e Basis i | for Jurisdiction Is Diversity of Citizenship | |
| | 1. | The | Plaintiff(s) | |
| | | a. | If the plaintiff is an individual | |
| | | | The plaintiff, (name) Fanny Wang | , is a citizen of the |
| | | | State of (name) New Jersey | |
| | | b. | If the plaintiff is a corporation | |
| | | | The plaintiff, (name) | , is incorporated |
| | | | under the laws of the State of (name) | |
| | | | and has its principal place of business in the State of (no | ame) |
| | | | ore than one plaintiff is named in the complaint, attach an e information for each additional plaintiff.) | additional page providing the |
| | 2. | The 1 | Defendant(s) | |
| | | a. | If the defendant is an individual | |
| | | | The defendant, (name) | , is a citizen of |
| | | | the State of (name) | . Or is a citizen of |
| | | | (foreign nation) | |

| the laws of the State of (name) United States , principal place of business in the State of (name) Massachusetts Or is incorporated under the laws of (foreign nation) | and has its |
|---|-------------|
| | |
| Or is incorporated under the laws of (foreign nation) | |
| Of is incorporated under the laws of (joreign nation) | , |
| and has its principal place of business in (name) | |

3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because (explain):

Lost wages and emotional distress come to more than \$75,000.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

After I disclosed that I had issues at home with my children/family which required FMLA leave, I received heightened scrutiny and false assertions in my performance reviews. The retaliation was from my supervisor, Sandra Costa. I made an internal complaint that this constituted retaliation. I was forced to go out on emergency medical leave as a result of the retaliation. Upon return from emergency medical leave, I was relegated to doing remedial work. I was then told that I must relocate, while those who did not take FMLA were being given an exception. This was further retaliation, which culminated in my unlawful termination on March 3, 2023.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I am seeking all available damages for FMLA retaliation and any other damages the Court deems allowable.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Date of signing:

B.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

03/03/2025

| Signature of Plaintiff | /s/ Fanny Wang |
|-----------------------------|-----------------------|
| Printed Name of Plaintiff | Fanny Wang |
| | |
| For Attorneys | |
| | |
| Date of signing: 03/03/2025 | |
| | |
| Signature of Attorney | /s/ Benjamin Flam |
| Printed Name of Attorney | Benjamin Flam |
| Bar Number | 671853 |
| Name of Law Firm | Gordon Law Group, LLP |
| Street Address | 585 Boylston Street |
| State and Zip Code | Boston, MA 02116 |
| Telephone Number | (617) 816-4648 |
| E-mail Address | bflam@gordonllp.com |
| | |

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